

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY
P.O. Box 1360, Frankfort, KY 40602
Phone: (502)564-3296 ext. 237, Fax: (502)696-5890

**LETTER OF SUPERVISION FOR ISSUANCE OF A TEMPORARY OCCUPATIONAL
THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT PERMIT**

All applicants applying for a temporary permit to practice as an occupational therapist or occupational therapy assistant under the supervision of a certified occupational therapist must have this letter completed and signed.

***THE INDIVIDUAL WILL NOT BE ABLE TO BEGIN WORK UNTIL THE
TEMPORARY PERMIT IS APPROVED BY THE BOARD AS APART OF THE
REGULARY SCHEDULED MEETING.***

This is to verify that _____ will be under my supervision while practicing occupational therapy under a temporary permit in the Commonwealth of Kentucky. According to KRS 319A.100 and 201 KAR 28:130, I understand the following:

- I shall be responsible for all occupational therapy treatment outcomes.
- The client's care shall always be my responsibility.
- Supervision shall be available at all times.
- At least thirty (30) minutes of face-to-face supervision shall be provided daily for the temporary permit holder.

Beginning Date

Signature of Supervisor

Name of Employing Facility

Printed Name

KY License Number and Expiration Date

Address of Employing Facility

Date of Signature

Telephone Number

NOTE: According to 201 KAR 28:180: A temporary permit shall be valid until the applicant for licensure is issued or denied a license under the provisions of this chapter, but in no instance shall the temporary permit extend for more than sixty (60) days following the second examination offered after the applicant has applied to take the examination required for licensure or certification.